

S. No. 1000 OCT 20 1952

v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34267

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1075	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		a. STATE Missouri		b. COUNTY Andrew	
c. CITY (If outside corporate limits, write RURAL and give township) Savannah		d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Savannah		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First) VERNIE		b. (Middle) ORHELA		c. (Last) PULLEY	
4. DATE OF DEATH Oct. 3, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Aug 29, 1887		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) DeKalb County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lewis Nance		13b. MOTHER'S MAIDEN NAME Mary Sherlock		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Ford, Savannah, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES				3 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1947, to Oct 3, 1952, that I last saw the deceased alive on Oct 3, 1952, and that death occurred at 2:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS Savannah, Mo.		23c. DATE SIGNED		10-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-5-52		24c. NAME OF CEMETERY OR CREMATORY Sharp Cemetery		24d. LOCATION (City, town, or county) (State) Near Oak, Mo.	
DATE REC'D BY LOCAL REG. Oct 13, 1952		REGISTRAR'S SIGNATURE Carl C. Carter		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
				Breit Funeral Home		Savannah	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah, Ga.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.